

CLARKE UNIVERSITY

Non-Work Accident Report Instructions

This report is to be used by employees who are “Off Duty,” students, visitors, volunteers or others who are on the Clarke Campus. The Non-Work Related, Accident / Incident Report is to be completed anytime an accident or incident occurs which involves an injury, or property damage or if there is a “Near Miss” incident in which there could have been, but there was not, any injury or property damage. Sports injuries are recorded through Athletics. This form is NOT to be used for sports injuries, unless there are extenuating circumstances.

The supervisor responsible for the area where the incident occurred shall be notified. Clarke Security should also be contacted for assistance at x6393 from on campus and 588-6393 from a non campus phone. **If this is an actual emergency, call 911 first, then contact Clarke Security.** Clarke employees may need to also notify their supervisor.

Individual Involved & Event Details:

These sections will be completed by the person involved as soon as possible after the accident / incident occurs. The area supervisor and or security can assist in the completion of this report.

Name: Person involved in accident / incident.
Check your appropriate status - faculty, staff, student, etc.

Date & Time of Incident: Date & time the incident / injury occurred.

Date Reported: Date & time the incident / injury was reported and to whom.

Report not completed: If this report was not completed within 24 hours give reasons for the delay.

Activity: What was the activity at the time of the incident.

Specific Location of Incident: Give the exact location where the incident / injury occurred.

Nature of Injury: Describe the type of injury received. Examples include, but are not limited to, sprains, strains, cuts/laceration, fractures contusions, amputations, and burns. Be specific with this description. You are not limited to the types of injuries listed

Body Part Injured: Indicate the body part that was injured in the accident. Examples include but are not limited to - toes, feet, ankles, legs, knees, buttock, torso, shoulder, arm, elbow, hand, finger, neck, back, head, and face. Be specific with this description. Indicate left or right, etc. You are not limited to the body parts listed.

Witness: List any witness(s) to the incident / injury.

Photo taken: Yes or no and by whom.

How did incident/injury occur: Complete this narrative in detail including equipment, vehicle, tools, chemicals, PPE used, weight & size of materials or other pertinent information. Use additional sheets of paper if necessary. Sign this report and any additional sheets of paper.

Medical Treatment: Please indicate at which medical center treatment was sought.

INCIDENT INVESTIGATION:

Page two (2) will usually be completed by the area supervisor or security. Remember that the purpose of this investigation is not to find fault or assess blame. It is to pinpoint the cause of the accident / incident and take appropriate action to prevent recurrence and reduce injuries.

Incident Facts:

All five (5) sections under “Incident Facts” must be completed.

Determine who, what, when, where, how, and why of the incident.

Some examples of questions:

Is the area congested, and if so why?

Was a task being completed correctly?

What is the lighting situation?

Were proper lifting techniques being used?

What type of footwear was the person wearing? Glasses / contacts?

Has there been a hazard assessment completed for the area or job task?

Was the incident / injury reported promptly and if not why?

What is the condition of the tools or equipment being used?

What were the weather or conditions? What were the surface conditions?

Did something in need of repair contribute to the incident / injury?

Recommended Corrective Actions:

This section will be completed by the area supervisor or security. Be specific in the corrective action that is to be taken. List the person that is responsible for implementation of the corrective action, the date the action is to be completed. When the action is completed that date is entered in the “Date Action Completed” block.

In some cases there may be more than one department involved in completing the corrective action.

Safety & Security may need to improve safety inspections of the area, and Facilities may need to make a repair to an area. The Director of Safety & Security should be contacted for assistance in coordinating recommended corrective actions with other departments.

The person completing this report needs to sign and date this report and submit it to the Director of Safety & Security within 24 hours of the incident. Supervisors will always keep a copy of the report. There may be times when corrective actions will take longer than 24 hours. In which case, a follow up report will need to be submitted to the Director of Safety & Security which will include the date the action was completed.

Signature section:

The person completing the investigation will sign and date this report and forward to the Director of Safety & Security who will complete distribution of the report.

Please direct any questions to the Executive Director of Facilities and Security (563)588-6326 or email steven.kirschbaum@clarke.edu.